!NO a los Médicos Clandestinos! – Public Awareness Campaign Latino Research Center, University of Nevada, Reno Drew Bradley, Outreach Coordinator

On January 1, 2012, the Latino Research Center at the University of Nevada, Reno began working with the Nevada State Health Division and former Nevada Attorney General Frankie Sue Del Papa to create and implement a public awareness campaign to address unlicensed health care in Nevada – specifically, illegal medical procedures in Nevada's Latino community.

Over the past several years, Nevada has seen a rise in individuals posing as licensed and qualified physicians, dentists, nurses, pharmacists, surgeons, etc. and preying upon vulnerable members of the Latino community. Originally, we were most concerned with cosmetic procedures, mainly cosmetic surgeries, however, after doing research online in news articles, we have found that there are instances of illegal practices in all areas of health care, including dentistry. Therefore, we shifted the focus of the campaign to encompass not only surgical procedures, but also all medical procedures in general.

In order to gain a better understanding of the illegal medical services being provided in Nevada, we interviewed several Nevada physicians. These physicians included pediatricians, plastic surgeons and gastrointestinologists. The interviews consisted of a series of questions such as: What are some of the things people should look for when trying to find qualified physicians? Apart from death, what are some of the specific dangers or outcomes of having plastic surgery done by someone who isn't licensed to practice? Why do you believe people are taking these risks and how can we make them see the dangers of these illegal procedures? Through these interviews, we were able to supplement the knowledge we gained from researching this issue in news articles and reading the documents on unlicensed health care in Nevada provided to us by the NSHD.

We have found that many factors contribute to this community's vulnerability to these unlicensed physicians including but not limited to: economic situation, lack of health insurance coverage, language barriers, cultural competency and residency status. In order to combat this issue, we came up with a list of items that we wanted to address through the campaign.

• *Health Consequences:*

We needed to show the realities of undergoing a medical procedure in a non-sterile environment with an uncertified provider. We did this by citing various cases in which the victim experienced severe consequences after an illegal procedure such as infection, disfigurement, permanent disabilities, hemorrhagic shock, poising, brain damage and death. We also included discussion of the filthy environments and improper medical equipment used in many of these non-medical settings. This also included a mention of the products used in some illegal cosmetic procedures such as cooking oil, floor wax, cement and tire sealant.

• Unlicensed and Unqualified

We found that some members of this community were either unaware of the term licensed, or were aware but just assumed that an individual who said he/she was licensed, was indeed licensed. In many of the cases we have read about, the unlicensed providers said that he/she was licensed to practice medicine in his/her home country. But regardless of whether or not a victim believes this person to be qualified to do a procedure because of a license in another country, they are still not licensed to do it in this county and will therefore lack the necessary setting and tools to safely do a procedure. Furthermore, this tends to be a lie to get the victim to trust the unlicensed providers. We have found that few of these unlicensed providers have a license in their home country. We needed to show the community that just because someone says that he/she is a doctor does not mean that he/she is a doctor and everyone has a right and an obligation to ask about a provider's qualifications and then do their homework by checking with the appropriate board.

• Financial Misconceptions

We believe that some of these unlicensed providers charge close to the same amount of money that a certified provider would charge. In some of the instances where an illegal procedure has been done, the victim has spent more money than they would have if they had gone to a certified provider. Almost always, the victim is required to pay in cash, while many certified providers accept payment plans.

• Abandonment

In some of the cases we have seen, the unlicensed physician is only in the area for a short period of time – doing as many procedures as he/she can and then leaving town. So, if something goes wrong during or after a procedure, the victim is left without help and has to go to the hospital – accruing more and more medical fees.

Through the public awareness campaign, we highlighted all of these negative aspects of seeing an unlicensed provider. With the resources available, we showed this community there is a path to get to safe medical care.

We have done countless radio, telephone and television interviews with local, regional, statewide and national news organizations. We have sent out press releases for each Task Force meeting and after any major campaign progress. Our work with media outreach has been extremely successful, as the campaign has been featured in at least five major news segments during each of the past four months. We coordinated and assisted with the writing of an article by the Associated Press and this article appeared in national papers such as *The Boston Globe* and *The Washington Post*.

The awareness campaign has multiple components. We have created bilingual posters, brochures and flyers and we have distributed these materials across the state at various businesses and to targeted organizations. The brochure provides information about unlicensed doctors, how to detect a certified physician and where to go to get help or

additional information. The brochure is meant to give people the knowledge they need to make an informed decision when choosing a physician or undergoing a medical procedure. All of these materials are available in downloadable form on our website www.unr.edu/latinocenter.

On April 9th, we held a press conference to reveal these bilingual materials. During the conference, we presented our awareness materials, announced Nevada 2-1-1 as our hotline and disclosed plans for a media campaign.

There were many concerns expressed about under reporting of unlicensed activity as well as fear of reporting. Particular attention to various concerns regarding reporting of unlicensed activity is advised. We want community members to feel comfortable in reporting illegal medical activity, and Nevada 2-1-1 has agreed to provide that assistance. Nevada 2-1-1 has agreed to make its services available to the Nevada State Health Division to take reports from Nevada's citizens-at-large in regard to unlicensed health care activity. The goal is to get as much information as possible regarding the illegal activity by completing an intake form. Callers may remain anonymous if they so wish. Anyone wanting to report illegal medical activity may simply dial 2-1-1 from any phone in Nevada and they will be connected to a staff member who can take down the report. People may also text their five-digit zip code to 898211. Once someone texts their zip code, they receive an automatic reply. The staff responds after the automatic response has been sent. It then becomes a live back and forth conversation – similar to instant messaging.

Another important component of this campaign is our Community Health Resource List. This list is available on our website and it includes what we believe to be a thorough list of health-related resources across the state. Not everyone has access to affordable healthcare and uninsured and low-income community members need to know where they can find medical services at discounted rates. We hope that Nevadans will use this list to find affordable healthcare options in their area. Part of the problem of unlicensed healthcare stems from people not knowing about other alternatives. This list gives many options for alternatives. Currently, the list is only available in English, but it will be available in Spanish by the end of the week. This list is also available in a downloadable form on our website.

Lastly, we organized a PSA media campaign with Entravision in Northern and Southern Nevada. This campaign began on May 7th and is a 12-week Spanish radio campaign that has 60-second PSA's running throughout the day during popular broadcasting timeslots.

We are cognizant of the fact that 70% of the population is in the Las Vegas area and we have been working with many organizations in Southern Nevada, such as St. Rose Dominican Hospitals and the Mexican Consulate, to make sure that the Latino population in Southern Nevada is fully provided with this information as well.

In addition to the campaign, we have created what we call our Master Latino List. This vetted list comprises all of the individuals and organizations in the State of Nevada that are active and involved with Latino-related issues. Many people from this list have offered total support of this initiative and will continue to help the campaign stay alive in the future.

• Recommendations for continued campaign outreach

There were a few types of organizations that we did not fully cover over the period of campaign outreach. We would highly suggest that the NSHD reaches out to the following types of entities:

Churches:

While we were able to meet with the RAIN (Religious Alliance in Nevada) Board Members, we did not have the resources to contact each individual church in Nevada. We suggest that the NSHD continues working with RAIN to provide churches in Nevada with a large Latino population with campaign materials and we also suggest holding informational sessions.

Social Service Programs:

We suggest providing offices that house social service programs with campaign materials. Many at-risk people use these programs to find assistance with finance and health-related issues. For example, we targeted family and recreational centers in Latino-populated areas and contacted managers at these centers to send brochures and posters to be provided at classes, informational sessions, etc.

Libraries:

Public libraries are another good outlet for campaign outreach. In the same way we suggested targeting churches and social service programs, we suggest the NSHD begins proving public libraries with posters and brochures.

Recommendations for keeping the campaign current

Master Latino List:

This list has been invaluable in campaign outreach – both for help with distribution and for alerting Task Force members about upcoming meetings and campaign progress. We strongly suggest that the NSHD continually updates this list for the benefit of any future projects that require Latino community outreach. Many of the individuals on this list have offered total support of this campaign and should be kept abreast of any news or plans.

Health Resource Lists:

The Health Resource List that we created was compiled with the help of the Washoe County Health District and a group of individuals in Southern Nevada who work in health-related fields within the Latino community. We added to this list by doing

searches online and contacting various health-related organizations such as Nevada Health Centers. We believe this list to be useful but not yet totally comprehensive. We suggest the NSHD adds the resources they know of to this list and continually check the list to make sure it remains current.

Health Fairs & Clinics:

Attending and presenting at local health fairs/clinics is another effective way to reach this target population. We have found that many Latinos attend health fairs to cut down on expensive medical costs. Health fairs and clinics are usually put on at least once a month in different locations across the state. We have found that if we are unable to attend one of these fairs, there are usually other organizations attending specifically to outreach to the Latino community that will provide campaign materials and answer questions that attendees have on behalf of the campaign.

Website:

The information on our campaign website will need to be transferred from the LRC to the NSHD. Currently, we are hosting all of the campaign information, including the materials and health resource lists in downloadable forms, through our UNR website. We recommend that someone within the NSHD is delegated the responsibility of updating the website with new news articles, health fairs and clinics, and any information that needs to be changed/added to the health resource lists.

Media:

Because the regional and statewide media have been so receptive to the campaign, I suggest that the NSHD continues to send press releases out as new reports of unlicensed medical providers surface. I also suggest that the NSHD continues working with victims and propose feature stories to news outlets about any victims who are willing to come forward and share their stories.